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<b>SERIAL NUMBER</b> 10/008,354	<b>FILING OR 371(c) DATE</b> 11/07/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 279.373US1
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## APPLICANTS

Julio C. Spinelli, Shoreview, MN;  
 Qingsheng Zhu, Little Canada, MN;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

01/02/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

21186

## TITLE

Centralized management system for programmable medical devices

<b>FILING FEE RECEIVED</b> 3072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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